



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Dempsey Benton, Secretary

Michael Lancaster, MD and
Leza Wainright, Co- Directors

MEMORANDUM

DATE: August 1, 2008

TO: Service Providers/Advertisers

FROM: Debbie Webster, Conference Coordinator

RE: **21st Annual North Carolina MH/DD/SA Community Service Array Conference**
(Formerly Known as Community Support/Targeted Case Management Conference)

You are cordially invited to exhibit your agency at the **21st Annual North Carolina MH/DD/SA Community Service Array Conference (Formerly Known as Community Support/Targeted Case Management Conference)** to be held at the Benton Convention Center, Winston-Salem, NC on **November 13 & 14, 2008, with a pre conference on November 12, 2008**. This conference is attended, by a variety of professionals from across the state providing an array of services to adults and children with mental health developmental disabilities, and substance abuse issues. The conference is sponsored by The NC Division of MH/DD/SAS. Accommodations are available at the Embassy Suites and the Marriott Hotel across the street from the convention center.

The popularity of this conference grows annually, and currently draws well over 1,000 participants. This is due, in part, to the presentation of the Sandra Wells Peterson Outstanding Case Manager Award that is presented during the conference award luncheon. Vendors are extremely important to the success of the conference. This is an excellent opportunity for you to network, advertise and/or sell your products goods and services with a diverse group representing agencies and disciplines throughout the state.

The exhibitors will be located in the South Main Hall where the conference breaks will be held. A cash prize will be awarded with a drawing at the luncheon of those participants obtaining all exhibitors signatures. The fee for exhibit space is **\$375** and provides you with a 6' draped table, two chairs, attendance to the continental breakfast, conference breaks, social, bingo and the award luncheon. In addition, the two representatives staffing the table may share one conference registration to attend sessions. Please be advised, cannot use the free conference registration for anyone else in your agency, and the fee **does not** include the cost of an electrical outlet for your exhibit. (Please refer to the attached information sheet from the Benton Convention Center)

The exhibits will be displayed during the conference on November 13 & 14, 2008. Exhibit tables will be available for set up after 5:00pm on November 12, 2008. The fee covers no more than 2 representatives from your company as part of the exhibit with one representative present at the exhibit during the conference hours.



In addition to being an exhibitor, there is a variety of opportunities to network, socialize and gain recognition for your Agency at this year's conference. They include sponsorship of the social, bingo, breaks, and door prizes. By sponsoring one of these events, your agency will be listed in the conference program as a sponsor for the conference. Additional recognition is given to donors of the door prizes as the agency or individual donors names are announced during the award luncheon, when they are handed out. Please note that the value of the door prizes must be at least \$25 per prize.

The conference brochure will be available on-line by September 1, 2008. All sessions will address the tools and strategies needed to provide quality services to adults and children with mental health, developmental disabilities and substance abuse issues. The Conference Planning Committee has developed a very strong agenda this year and participants will leave the conference with viable techniques that they can immediately implement into their daily service delivery.

To purchase exhibit space, please **return the enclosed registration form by October 1, 2008** and payment **must be received by November 7, 2008**. Please make your check or money order payable to **Wake Forest University School of Medicine**. Payment can also be made by Visa or MC. Registration will be confirmed once payment is received. **Exhibit space will be on a first come, first pay basis. You are encouraged to register and make payment early to secure an exhibit table.**

The Benton Convention Center is located on 301 West Fifth Street, NC 27101. Special block rooms are held at the Twin City Quarter, Embassy Suites and Marriott Hotel, 460 North Cherry Street, Winston-Salem, NC. Room reservations should be made by calling 1-877-888-9762. Inform the reservation clerk that you are with the NC MH/DD/SA CS Array Conference and make reservations by **October 15, 2008** to secure the conference rate.

Should you have any questions, require additional information, or if I can be of assistance to you in any way, please feel free to contact me at the office-919-715-2774 or e-mail debbie.webster@ncmail.net.

We would like your company to join us by exhibiting and making this conference a huge success!

Attachment

Cc Planning Committee



21st Annual North Carolina MH/DD/SA Community Service Array Conference
(Formerly Known as Community Support/Targeted Case Management Conference)

Exhibitor Registration Form

November 13 & 14, 2008

Complete **all** information to reserve exhibitor space. **TYPE OR PRINT NEATLY TO ENSURE CORRECT SPELLING!**

Name of Company: _____	
Address: _____	
City/State/Zip: _____	
Contact Person: _____	Phone: _____
E-mail address: _____	FAX: _____
Persons staffing exhibit space: _____	
Limited to 2 people only	
Name	E-mail
Check here if you plan to attend: <input type="checkbox"/> social <input type="checkbox"/> bingo <input type="checkbox"/> award lunch	
PLEASE GIVE	
E-MAIL ADDRESS!	
Name	E-mail
Check here if you plan to attend: <input type="checkbox"/> social <input type="checkbox"/> bingo <input type="checkbox"/> award lunch	
Staff Address: _____	
City/State/Zip: _____	

Exhibit Table	\$375	_____
Sponsor Break	\$150 (minimum)	_____
Sponsor Social	\$150 (minimum)	_____
Sponsor D.J.	\$150 (minimum)	_____
Award Luncheon	\$150 (minimum)	_____
Sponsor Bingo	\$150 (minimum)	_____
Total Contribution	\$	_____
Door Prize (\$25 Minimum)	Number to Donate	_____
<u>Electrical outlet not included in cost. Complete & mail attached form to Benton Convention Center Convention Center.</u>		

Send Exhibitor Registration Form By: October 1, 2008
Payment Must Be Received By: November 7, 2008 (to confirm space)

Check in at registration table prior to setting up exhibit to receive table assignment and conference package. Please bring donated door prizes to the registration table.

Enclosed: \$_____ Check #_____ ☐ Personal Check ☐ Business Check ☐ Credit Card

Make Check Payable to:
Wake Forest University School of Medicine

Mail to: Marie Simos
NW AHEC, Mental Health Section
Medical Center Boulevard
Winston-Salem, NC 27157 – 1060
E-Mail: msimos@wfubmc.edu
FAX: (336) 713-7701

[] VISA [] MASTER CARD
Name _____ (As appearing on card)
Card # _____
Exp. Date _____
Billing Address _____ Zip _____
Signature _____

Questions contact Debbie Webster, Conference Coordinator (919)715-2774 or Marie Simos (336) 713-7721

_____ Authorized Signature	_____ Title	_____ Date
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TWIN CITY QUARTER / M.C. BENTON CONVENTION CENTER

ELECTRICAL SERVICE ORDER FORM

Please complete and return to Twin City Quarter; 460 N. Cherry Street; Winston-Salem, NC 27101 or fax to (336) 728-4020. For questions regarding available extras, please contact:

Janice Wright
Director of Event Planning
(336) 721-2256; direct line
Janice.Wright@twincityquarter.com

<i>QUANTITY</i>	<i>ITEM</i>	<i>ADVANCE</i>	<i>FLOOR</i>	<i>TOTAL</i>
	Electrical Outlet (110V)	40.00	50.00	
	Electrical Outlet (208V) Single Phase	100	125.00	
	Electrical Outlet 3 Phase	250	275.00	
*	Telephone Line	55.00		
Phone lines are available on a limited basis, upon request only. If you require a phone line & none are available, please contact BellSouth <u>directly</u> at 1-800-919-2800.			<u>JB-TOTAL COST</u>	
			+ 6.75% SALES TAX	
			TOTAL COST	

* These items are subject to 6.75% N.C. Sales Tax. Please calculate and include in your payment.

Method of Payment:

_____ Cash (at show only)

Credit Card

_____ Check Amount

_____ Visa

_____ Master Card

_____ American Express

Card # _____

Expiration Date: _____

Authorized Signature

Payment Policy: 100% advance payment or credit card information must accompany your order prior to move-in day to qualify for advance prices. All orders received without payment or ordered at the show will charge at the floor price. All payments for floor orders must be made at the time of the request.

Name of Convention/Show _____

Name of Company: _____ Telephone #: _____

Date of Convention/Show: _____ Booth No. (If known): _____

Person in Charge: _____

Address: _____

